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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECOR							Application or Docket Number 6680.055					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			OR	OTHER T	
FOR		NUMB	NUMBER FILED			NUMBER EXTRA		TE	FEE		RATE	FEE
	SIC FEE CFR 1.16(a))								§ 375	OR		§ 0
TOT.	AL CLAIMS CFR 1.16(c))	92	minus 20 =		* 72		x \$ 5	9 =	648	OR	x \$ 18 =	0
	EPENDENT CLA	AIMS 4	4 minus 3 =		* 1		x 42 =		42	OR	x 84 =	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0						+ 140 = 0		0	OR	+ 280 =	0	
* If the difference in column 1 is less then zero, enter "0" in column 2							то	TOTAL 1065		OR	TOTAL	0
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OR	OTHER T	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	GHEST JMBER JOUSLY ID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
	Total (37 CFR 1.16(c))	* 92	Minus	** 9	2	= 0	x \$_9	=	0	OR	x \$ <u></u> 18=	0
	Independent (37 CFR 1.16(b))	* 4	Minus	*** 4		= 0			0	OR OR	x 84 =	0
	FIRST PRESENTATION C		MULTIPLE DEPENDENT		ΓCLAIM (37 CFR 1.16(d))		+ 14	0 =	0	OR	₊ 280 ₌	0
(Column 1) (Column 2) (Column 3)							TO ADDIT.	TAL FEE	0	OR	TOTAL DDIT. FEE	0
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	GHEST JMBER /IOUSLY ID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**		=	x \$ 9	_=	0	OR	x \$ <u>18</u> =	0
	Independent	*	Minus	***		=	x 42	-	0	OR OR	x 84 =	0
		ENTATION OF M	ON OF MULTIPLE DEPI		ENDENT CLAIM (37 CFR 1.16(d))		+ 14	0 =	0	OR		0
(Column 1) (Column 2) (Column 3)								TAL:	0	OR	TOTAL DDIT. FEE	0
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	GHEST JMBER /IOUSLY ID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
	Total (37 CFR 1.16(c))	*	Minus	**		=	x \$_9	_=	0	OR	x \$_18_ =	0
	Independent (37 CFR 1.16(b))	*	Minus	***		=	x 42	<u> </u>	0	OR OR	x _84 =	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ 14	10 _	0	OR	₊ <u>280</u> =	0
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".								OTAL : FEE	0	OR	TOTAL DDIT. FEE	0
** If	the "Highest Nur the "Highest Nur		id For" IN TH d For" IN THI	IS SPACI	E is less than 2 E is less than 3	20, enter "20". 3, enter "3".	ADDIT	. FEE		A	1	